



**Mail Loss Affidavit
(Exhibit A)**

Date: _____
Bond # 423155 – Notarization Required

Description of Securities:

Name of Issuer: _____

Registered Name: _____

Class of Stock (common / preferred): _____

Certificate Number: _____

Issue Date: _____ Phone: _____

Shares: _____ Value Per Share: _____

Total Value: _____

Details of Shipment

Place of mailing:

Mailed to:

Print and mail an original copy of this form to:
X-Clearing Corporation, 535 16th Street, Suite 810, Denver, CO 80202